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APPLICANTS

Clair Ernest Erdman JR., New Cumberland, PA;

** CONTINUING DATA **** *Name MR*

** FOREIGN APPLICATIONS **** *Name MR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

26587
 MCNEES, WALLACE & NURICK LLC
 100 PINE STREET
 P.O. BOX 1166
 HARRISBURG , PA
 17108-1166

TITLE

Remote monitoring diagnostics

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